

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000329

FILED  
Jan 13, 2010  
Secretary of State

**Entity Name:** PINE COAST PLANTATION HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

P. O. BOX 986  
CARRABELLE, FL 32322

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 986  
CARRABELLE, FL 32322

**New Mailing Address:**

**FEI Number:** 59-3186114

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SAPP, BOBBY  
201 CLARKS LANDING ROAD  
CARRABELLE, FL 32322 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: RENARD, PAUL  
Address: 616 HICKORY HAMMOCK RD  
City-St-Zip: CARRABELLE, FL 32322

Title: PRES  
Name: SAPP, BOBBY  
Address: P.O. BOX 4  
City-St-Zip: CARRABELLE, FL 32322

Title: S  
Name: STOUTAMIRE, JANET  
Address: 881 HICKORY HAMMOCK  
City-St-Zip: CARRABELLE, FL 32322

Title: DR  
Name: HERZOG, THOMAS  
Address: 115 HERZOG DR.  
City-St-Zip: CARRABELLE, FL 32322

Title: T  
Name: HERZOG, KATHLEEN  
Address: 115 HERZOG DR.  
City-St-Zip: CARRABELLE, FL 32322

Title: DR  
Name: MORRIS, ALVIN  
Address: 435 MILL RD  
City-St-Zip: CARRABELLE, FL 32322

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BOBBY SAPP

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01/13/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date